

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

PAPE FOR CONGRESS

ADDRESS (number and street)

4537 FT. CAMPBELL BLVD

Check if different  
than previously  
reported. (ACC)

HOPKINSVILLE

KY

42240

2. FEC IDENTIFICATION NUMBER ▼

C

C00589325

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

KY

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
05 17 2016in the  
State of

KY

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 01 2016

through

M M / D D / Y Y Y Y  
04 27 2016*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer EARL L CALHOUN

Signature of Treasurer

EARL L CALHOUN

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 05 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 32

Write or Type Committee Name

**PAPE FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	24661.00	401046.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	24661.00	400446.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	238531.89	304985.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	238531.89	304985.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	96431.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 32

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PAPE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

21786.00

370036.00

(ii) Unitemized.....

875.00

16510.00

(iii) TOTAL of contributions from individuals ▶

22661.00

386546.00

(b) Political Party Committees.....

0.00

4000.00

(c) Other Political Committees (such as PACs).....

2000.00

10500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

24661.00

401046.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

1000.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

24661.00

402046.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	238531.89	304985.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	600.00
21. OTHER DISBURSEMENTS .....	0.00	28.78
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	238531.89	305614.47

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	310302.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	24661.00
25. SUBTOTAL (add Line 23 and Line 24).....	334963.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	238531.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	96431.53

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**PAPE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Cathy Brantley**

Mailing Address 260 High Pointe Dr.

City	State	Zip Code
Paducah	KY	42003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**EARL L CALHOUN**

Mailing Address 950 JOHN RIVES RD

City	State	Zip Code
HOPKINSVILLE	KY	42240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calhoun & Co. PLLC CPAsOccupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

Transaction ID : SA11AI.5694

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Aaron Calodney**

Mailing Address 822 Estrella Del Mar

City	State	Zip Code
Tyler	TX	75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Precision Spine CareOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.5748

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 32

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**PAPE FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ruth Elliott</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2016	
Mailing Address PO Box 13			<b>Transaction ID : SA11AI.5700</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00	
Hopkinsville	KY	42240	<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer N/A		Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Richard Epter</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 1321 Interstate Pkwy			<b>Transaction ID : SA11AI.5746</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00	
Augusta	GA	30909	<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Augusta Pain Center		Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Frank Falco</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 108 Woodale Drive			<b>Transaction ID : SA11AI.5739</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00	
Kennett Square	PA	19348	<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Mid Atlantic Spine & Pain		Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PAPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. Mark Fallows

Mailing Address 120 SE 2nd Ave.

City

Crystal River

State

FL

Zip Code

34429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pain Institute of Central FL

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.5735

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

Scott Garrett

Mailing Address 233 N. 7th St.

City

Paducah

State

KY

Zip Code

42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integrative Medicine of KY

Occupation

CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

Rickie Hagan

Mailing Address 4452 Gamaliel Rd.

City

Tompkinsville

State

KY

Zip Code

42167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Army

Occupation

Major

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : SA11AI.5708

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PAPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

James Hale

Mailing Address 1825 East 9th St.

City

Hopkinsville

State

KY

Zip Code

42240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Randolph-Hale, Inc.Occupation  
President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1011.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : SA11AI.5716

Amount of Each Receipt this Period

1011.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

Robert Hall Sr.

Mailing Address 1413 N. Shallow Lake Circle

City

Hopkinsville

State

KY

Zip Code

42240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Douglas Autotech Corp.Occupation  
Employee

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : SA11AI.5707

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

B. Tory Heine

Mailing Address 870 Highland Church Rd.

City

Paducah

State

KY

Zip Code

42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2016

Transaction ID : SA11AI.5767

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1536.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Kim W Heine**

Mailing Address 755 N Gum Springs Rd.

City

Paducah

State

KY

Zip Code

42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

Transaction ID : SA11AI.5769

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**Standiford Helm**

Mailing Address 1808 Calle De Los Alamos

City

San Clemente

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : SA11AI.5737

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**Terri Henderson**

Mailing Address 1312 Shallow Lake Circle

City

Hopkinsville

State

KY

Zip Code

42240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Volunteer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

Transaction ID : SA11AI.5698

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 32  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ben Jent</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2016	
Mailing Address 804 W Locust St.			Transaction ID : SA11AI.5712	
City Princeton	State KY	Zip Code 42445	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item Contribution <input type="checkbox"/>		
Name of Employer Venture River Water Park	Occupation President			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) <b>B. Ronnie Jones</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2016	
Mailing Address 630 Stone Ln.			Transaction ID : SA11AI.5705	
City Hopkinsville	State KY	Zip Code 42240	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Memo Item Contribution <input type="checkbox"/>		
Name of Employer Kentucky Speedway	Occupation Owner			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) <b>C. Phillip Justice</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2016	
Mailing Address 3565 Long Oak Rd. Ste 2			Transaction ID : SA11AI.5713	
City Paducah	State KY	Zip Code 42003	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item Contribution <input type="checkbox"/>		
Name of Employer Sunrise Children's Services	Occupation Regional Director			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00			

SUBTOTAL of Receipts This Page (optional).....			2000.00	
TOTAL This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PAPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jack Lackey

Mailing Address 4335 Pembroke Fairview Rd.

City

Pembroke

State

KY

Zip Code

42266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2016

Transaction ID : SA11AI.5761

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

B. Beverly Largent

Mailing Address 9300 Childress Rd.

City

West Paducah

State

KY

Zip Code

42086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Pediatric Dentist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2016

Transaction ID : SA11AI.5783

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

C. Marion Lee

Mailing Address 2233 Arabi Warwick Rd.

City

Cordele

State

GA

Zip Code

31015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.5741

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Vinod Malik**

Mailing Address 767 N. Beach St.

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pain Medicine PRC Associates

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 26 / 2016

Transaction ID : SA11AI.5749

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**Rick Morgan**

Mailing Address 210 South Seminary St.

City

Princeton

State

KY

Zip Code

42445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morgan's Funeral Home

Occupation

Co-Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 12 / 2016

Transaction ID : SA11AI.5696

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**Rod Murphy**

Mailing Address 142 State Route 778

City

Eddyville

State

KY

Zip Code

42038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 12 / 2016

Transaction ID : SA11AI.5701

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Candy Outland**

Mailing Address 935 Roberts Ln.

City

Murray

State

KY

Zip Code

42071

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2016

Transaction ID : SA11AI.5755

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Francis Riegler**

Mailing Address 3827 Castlerock Rd.

City

Malibu

State

CA

Zip Code

90265

FEC ID number of contributing federal political committee.

C

Name of Employer

Universal Pain Management

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : SA11AI.5745

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. John Swicegood**

Mailing Address 12 Berry Hill Rd.

City

Fort Smith

State

AR

Zip Code

72903

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

Transaction ID : SA11AI.5772

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**PAPE FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>John Swicegood</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2016	
Mailing Address 12 Berry Hill Rd.		<b>Transaction ID : SA11AI.5773</b>	
City Fort Smith	State AR	Zip Code 72903	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Self	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Townsend Creative</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2016	
Mailing Address 1626 Banbury Ln.		<b>Transaction ID : SA11AI.5778</b>	
City Carrollton	State TX	Zip Code 75006	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution - Not taxed as a corporation	
Name of Employer Susan G. Komen	Occupation Project Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Zachary Townsend</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2016	
Mailing Address 1626 Banbury Ln.		<b>Transaction ID : SA11AI.5778.0</b>	
City Carrollton	State TX	Zip Code 75006	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item Contribution	
Name of Employer Susan G. Komen	Occupation Project Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		800.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PAPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Joseph Waling

Mailing Address 3188 Brookfield Dr.

City

Newburgh

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.5743

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

B. Dailey Wilson

Mailing Address 308 Terrace Pl.

City

Eddyville

State

KY

Zip Code

42038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilson Law Firm, PLLCOccupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

Transaction ID : SA11AI.5695

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

C. Sandra Wood

Mailing Address 2500 Hwy 85 E.

City

Island

State

KY

Zip Code

42350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2016

Transaction ID : SA11AI.5781

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PAPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

James Ellis Young

Mailing Address 233 Wellington Way

City

Hopkinsville

State

KY

Zip Code

42240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2016

Transaction ID : SA11Al.5776

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

21786.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 32

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**PAPE FOR CONGRESS**Full Name (Last, First, Middle Initial)  
**THOROUGHbred PAC**

Mailing Address PO BOX 65116

City	State	Zip Code
WASHINGTON	DC	20035

FEC ID number of contributing  
federal political committee.**C** C00425439

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	12	/	2016

Transaction ID : SA11C.5811

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Atmos**

Mailing Address 1833 E. 9th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

City	State	Zip Code
Hopkinsville	KY	42240

Amount of Each Disbursement this Period

99.77
-------

Purpose of Disbursement  
Office UtilityCategory/  
Type☐ Memo Item

Transaction ID : SB17.5675

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Calhoun & Company, PLLC CPAs**

Mailing Address 4537 Ft. Campbell Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

City	State	Zip Code
Hopkinsville	KY	42240

Amount of Each Disbursement this Period

1130.00
---------

Purpose of Disbursement  
Accounting FeesCategory/  
Type☐ Memo Item

Transaction ID : SB17.5669

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Cascade Strategies LLC**

Mailing Address 1288 Quaker Hill Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Research ConsultingCategory/  
Type☐ Memo Item

Transaction ID : SB17.5670

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6229.77

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Double Tree Arizona**

Mailing Address 7051 S Tucson Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

City	State	Zip Code
Tucson	AZ	85756

Amount of Each Disbursement this Period

107.71
--------

Purpose of Disbursement  
HotelCategory/  
Type☐ Memo Item

Transaction ID : SB17.5655

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Jack Elliott**

Mailing Address P.O. Box 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

City	State	Zip Code
Hopkinsville	KY	42241

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Office RentCategory/  
Type☐ Memo Item

Transaction ID : SB17.5666

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Hopkinsville Electric System**

Mailing Address 1820 E. 9th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

City	State	Zip Code
Hopkinsville	KY	42240

Amount of Each Disbursement this Period

133.11
--------

Purpose of Disbursement  
Office UtilityCategory/  
Type☐ Memo Item

Transaction ID : SB17.5676

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

490.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Hopkinsville Water Environment Authority**

Mailing Address 401 E. 9th St.

City	State	Zip Code
Hopkinsville	KY	42240

Purpose of Disbursement  
Office Utility

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

Amount of Each Disbursement this Period

61.43
-------

☐ Memo Item

Transaction ID : SB17.5677

**B. i360, LLC**

Mailing Address PO Box 37046

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Data Subscription

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Transaction ID : SB17.5671

**C. Michael Karem**Mailing Address 8575 SW 90th Lane  
Unit C

City	State	Zip Code
Ocala	FL	34481

Purpose of Disbursement  
General Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Transaction ID : SB17.5678

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2561.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Kentucky State Treasurer**

Mailing Address 702 Capital Ave. #183

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement  
KY LLET Tax

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

175.00
--------

☐ Memo Item

Transaction ID : SB17.5680

**B. Kentucky State Treasurer**

Mailing Address 702 Capital Ave. #183

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement  
Payroll Tax

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

Amount of Each Disbursement this Period

93.00
-------

☐ Memo Item

Transaction ID : SB17.5682

**c. Kroger Fuel**

Mailing Address 1213 Skyline Drive

City	State	Zip Code
Hopkinsville	KY	42240

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

18.97
-------

☐ Memo Item

Transaction ID : SB17.5577

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

286.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Kroger Fuel**

Mailing Address 1213 Skyline Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

City	State	Zip Code
Hopkinsville	KY	42240

Purpose of Disbursement  
Transportation

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

40.43
-------

☐ Memo Item**Transaction ID : SB17.5758**

Full Name (Last, First, Middle Initial)

**B. Kroger Fuel**

Mailing Address 1213 Skyline Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

City	State	Zip Code
Hopkinsville	KY	42240

Purpose of Disbursement  
Transportation

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

32.11
-------

☐ Memo Item**Transaction ID : SB17.5627**

Full Name (Last, First, Middle Initial)

**C. Kroger Fuel**

Mailing Address 1213 Skyline Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

City	State	Zip Code
Hopkinsville	KY	42240

Purpose of Disbursement  
Transportation

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

17.85
-------

☐ Memo Item**Transaction ID : SB17.5660****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

90.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Logan's Roadhouse**

Mailing Address 4320 Ft. Campbell Blvd.

City	State	Zip Code
Hopkinsville	KY	42240

Purpose of Disbursement  
Campaign Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

Amount of Each Disbursement this Period

24.28
-------

☐ Memo Item

Transaction ID : SB17.5593

**B. Mail Chimp**Mailing Address 675 Ponce De Leon Ave. NE  
Ste. 5000

City	State	Zip Code
Atlanta	GA	30308

Purpose of Disbursement  
Email Marketing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

199.00
--------

☐ Memo Item

Transaction ID : SB17.5591

**C. John Austin McCubbin**

Mailing Address 673 Ridgcrest Way

City	State	Zip Code
Bowling Green	KY	42104

Purpose of Disbursement  
General Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Transaction ID : SB17.5667

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3223.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. John Austin McCubbin**

Mailing Address 673 Ridgecrest Way

City	State	Zip Code
Bowling Green	KY	42104

Purpose of Disbursement  
Digital Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

Amount of Each Disbursement this Period

27000.00
----------

☐ Memo Item

Transaction ID : SB17.5681

**B. Meeting Street Research LLC**

Mailing Address 413 Pitt Street

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Survey

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

17000.00
----------

☐ Memo Item

Transaction ID : SB17.5673

**c. PayPal, Inc.**

Mailing Address 2211 N. First St.

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Transaction Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

1.03
------

☐ Memo Item

Transaction ID : SB17.5722

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

27001.03



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PayPal, Inc.**

Mailing Address 2211 N. First St.

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Transaction Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

Amount of Each Disbursement this Period

4	3	2	0
---	---	---	---

☐ Memo Item**Transaction ID : SB17.5724****B. PayPal, Inc.**

Mailing Address 2211 N. First St.

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Transaction Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

Amount of Each Disbursement this Period

1	4	8	0
---	---	---	---

☐ Memo Item**Transaction ID : SB17.5725****c. PayPal, Inc.**

Mailing Address 2211 N. First St.

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Transaction Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

2	9	3	0
---	---	---	---

☐ Memo Item**Transaction ID : SB17.5726****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4	7	3	0
---	---	---	---

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Rafferty's Paducah**

Mailing Address 3970 Hinkleville Rd.

City	State	Zip Code
Paducah	KY	42001

Purpose of Disbursement  
Campaign Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

30000.00	40.03
----------	-------

☐ Memo Item

Transaction ID : SB17.5616

**B. Krissy Ramey**

Mailing Address 460 Morning Deer Dr.

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

882.50
--------

☐ Memo Item

Transaction ID : SB17.5668

**c. Rising Tide Media Group LLC**

Mailing Address 226 S Fayette St.

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
TV Advertising Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

30000.00
----------

☐ Memo Item

Transaction ID : SB17.5596

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30922.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Rising Tide Media Group LLC**

Mailing Address 226 S Fayette St.

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
TV Advertising Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

13950.00
----------

☐ Memo Item

Transaction ID : SB17.5679

**B. Rising Tide Media Group LLC**

Mailing Address 226 S Fayette St.

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Radio and TV Advertising Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

Amount of Each Disbursement this Period

16389.34
----------

☐ Memo Item

Transaction ID : SB17.5685

**c. Sign Solutions**

Mailing Address 2703 B Ft. Campbell Blvd.

City	State	Zip Code
Hopkinsville	KY	42240

Purpose of Disbursement  
Signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

901.00
--------

☐ Memo Item

Transaction ID : SB17.5628

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31240.34
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City	State	Zip Code
Dallas	TX	75235

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

380.98
--------

☐ Memo Item

Transaction ID : SB17.5602

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City	State	Zip Code
Dallas	TX	75235

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

364.98
--------

☐ Memo Item

Transaction ID : SB17.5608

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City	State	Zip Code
Dallas	TX	75235

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

22.00
-------

☐ Memo Item

Transaction ID : SB17.5625

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

767.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City	State	Zip Code
Dallas	TX	75235

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

1102.96
---------

☐ Memo Item

Transaction ID : SB17.5630

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City	State	Zip Code
Dallas	TX	75235

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

8.00
------

☐ Memo Item

Transaction ID : SB17.5635

**c. Spalding Group**

Mailing Address 2306 Frankfort Ave.

City	State	Zip Code
Louisville	KY	40206

Purpose of Disbursement  
Signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

2446.06
---------

☐ Memo Item

Transaction ID : SB17.5581

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3557.02
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Spalding Group**

Mailing Address 2306 Frankfort Ave.

City	State	Zip Code
Louisville	KY	40206

Purpose of Disbursement  
Signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

2446.06
---------

☐ Memo Item

Transaction ID : SB17.5592

**B. Spalding Group**

Mailing Address 2306 Frankfort Ave.

City	State	Zip Code
Louisville	KY	40206

Purpose of Disbursement  
Signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

160.83
--------

☐ Memo Item

Transaction ID : SB17.5617

**c. Spalding Group**

Mailing Address 2306 Frankfort Ave.

City	State	Zip Code
Louisville	KY	40206

Purpose of Disbursement  
Signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

1559.37
---------

☐ Memo Item

Transaction ID : SB17.5665

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4166.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Square, Inc.**Mailing Address 1455 Market Street  
Ste. 600City State Zip Code  
San Francisco CA 94103Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	27	2016

Amount of Each Disbursement this Period

228.85
--------

☐ Memo Item**Transaction ID : SB17.5718****B. Strategic Media Services**Mailing Address 1911 North Fort Myer Dr.  
Ste 400City State Zip Code  
Arlington VA 22209Purpose of Disbursement  
Broadcast Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	19	2016

Amount of Each Disbursement this Period

63130.00
----------

☐ Memo Item**Transaction ID : SB17.5619****c. Strategic Media Services**Mailing Address 1911 North Fort Myer Dr.  
Ste 400City State Zip Code  
Arlington VA 22209Purpose of Disbursement  
Broadcast Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	26	2016

Amount of Each Disbursement this Period

62627.00
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☐ Memo Item**Transaction ID : SB17.5657****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

125985.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. United States Treasury**

Mailing Address Internal Revenue Service

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

City	State	Zip Code
Cincinnati	OH	45999

Amount of Each Disbursement this Period

459.00
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Purpose of Disbursement  
Payroll TaxCategory/  
Type☐ Memo Item

Transaction ID : SB17.5688

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Woodshed BBQ**

Mailing Address 1821 W 7th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

City	State	Zip Code
Hopkinsville	KY	42240

Amount of Each Disbursement this Period

13.25
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Purpose of Disbursement  
Campaign MealsCategory/  
Type☐ Memo Item

Transaction ID : SB17.5587

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. You Name It Printing**

Mailing Address 1214 Hedge Ln.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

City	State	Zip Code
Paducah	KY	42001

Amount of Each Disbursement this Period

321.45
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Purpose of Disbursement  
Printing SuppliesCategory/  
Type☐ Memo Item

Transaction ID : SB17.5690

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

793.70

237364.65